

Cardroom Applicant Business Gambling Establishment Owner Entity**Supplemental Information for State Gambling License**

DGC-APP. 015B (New 09/04 Rev. 04/07)



CALIFORNIA DEPARTMENT OF JUSTICE

DIVISION OF GAMBLING CONTROL

1425 River Park Drive, Suite 400

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CARDROOM APPLICANT - BUSINESS
SUPPLEMENTAL INFORMATION

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY BEFORE YOU COMPLETE THIS FORM

Instructions:

Type or print legibly in ink an answer to every question. If a question does not apply to you, indicate with "N/A" (Not Applicable). If the space available is insufficient, use a separate sheet and precede each answer with the applicable section and question number. Do not misstate or omit any **material fact(s) information** as each statement made herein is subject to verification. Any corrections, changes or other alterations must be initialed and dated by the applicant.

~~PLEASE SEND THE COMPLETED SUPPLEMENTAL INFORMATION ALONG WITH THE APPLICATION FOR STATE GAMBLING LICENSE AND A \$500 NON-REFUNDABLE APPLICATION FEE, A \$5,000 DEPOSIT EXCEPT TRUSTS WHICH SHALL SUBMIT A DEPOSIT IN A SUM OF MONEY THAT, IN THE JUDGMENT OF THE DIRECTOR OF THE DIVISION, WILL BE ADEQUATE TO PAY THE ANTICIPATED INVESTIGATION AND PROCESSING COSTS, IN ACCORDANCE WITH BUSINESS AND PROFESSIONS CODE SECTION 19867, AND, IF APPROPRIATE, GAMBLING ESTABLISHMENT SUPPLEMENTAL INFORMATION FORM (DGC APP. 015C (Rev. 09/04)) TO: California Gambling Control Commission, P.O. Box 526043, Sacramento, CA 95852-6043.~~

~~MUST BE COMPLETED BY AUTHORIZED REPRESENTATIVE OR DESIGNATED AGENT OF THE CORPORATION, PARTNERSHIP, TRUST, LIMITED LIABILITY CORPORATION, JOINT VENTURE, ETC.~~

This Supplemental Form must be completed by a business entity (corporation, partnership, limited liability company, joint venture or other business) that is applying for a state gambling license as an owner of a gambling establishment.

NAME OF BUSINESS APPLICANT		TRADE NAME TO BE USED (IF APPLICABLE)		
BUSINESS/ MAILING ADDRESS (NUMBER / STREET)		CITY	STATE	ZIP
MAIN OFFICE (IF DIFFERENT THAN ABOVE) (NUMBER / STREET)		CITY	STATE	ZIP
ADDRESS WHERE BUSINESS RECORDS ARE MAINTAINED (IF DIFFERENT HAN ABOVE) (NUMBER / STREET)		CITY	STATE	ZIP
BUSINESS PHONE ()	BUSINESS FAX ()	FEDERAL TAX ID NUMBER	STATE TAX ID NUMBER	SSN (IF SOLE PROPRIETORSHIP)
If applicant has ever conducted business under another name in any jurisdiction or State, provide name and jurisdiction or state <u>HAS THIS BUSINESS EVER OPERATED UNDER ANOTHER NAME IN ANY JURISDICTION (INCLUDING INTERNATIONAL JURISDICTIONS)?</u> <input type="checkbox"/> YES <input type="checkbox"/> NO				
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.				

Gambling Establishment Owner Entity Supplemental Background Investigation Information

<u>A) BUSINESS NAME</u>		<u>JURISDICTION</u>	
<u>B) BUSINESS NAME</u>		<u>JURISDICTION</u>	
DOES THIS BUSINESS HAVE PARENT COMPANIES, SUBSIDIARIES OR AFFILIATES?..... <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, <u>PLEASE DESCRIBE: TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS.</u>			
<u>A) BUSINESS NAME</u>	<u>PARENT/SUBSIDIARY/AFFILIATE</u>	<u>RELATIONSHIP TO GAMBLING ESTABLISHMENT</u>	
<u>B) BUSINESS NAME</u>	<u>PARENT/SUBSIDIARY/AFFILIATE</u>	<u>RELATIONSHIP TO GAMBLING ESTABLISHMENT</u>	
LIST ANY CURRENT OR PREVIOUS BUSINESS RELATIONSHIP(S) AND/OR AGREEMENTS WITH THE GAMING INDUSTRY, INCLUDING TRIBAL GAMING.			
NAME OF BUSINESS/TRIBE	ADDRESS	NATURE OF RELATIONSHIP	DATES OF RELATIONSHIP

3. ~~Type of Business: ☐ Corporation ☐ Partnership ☐ Limited Liability Co. ☐ Jt. Venture ☐ Sole Proprietor~~

SECTION 2: OTHER LICENSING INFORMATION

HAS THIS BUSINESS EVER APPLIED TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION, OR AUTHORIZATION RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE PERMIT, CERTIFICATE, REGISTRATION, OR AUTHORIZATION WAS GRANTED? ☐ YES ☐ NO
HAS THIS BUSINESS EVER HELD OR APPLIED FOR A PERMIT, LICENSE, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING IN ANY JURISDICTION?

IF YES, PROVIDE THE FOLLOWING DETAILS: LIST BELOW ANY LICENSING OR REGULATORY AGENCY (TRIBAL, STATE, LOCAL OR INTERNATIONAL) TO WHICH YOU HAVE APPLIED FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION RELATED TO GAMING ACTIVITIES OR LOTTERY, WHETHER OR NOT SUCH LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR ARE PENDING).

Licensing/Regulatory Agency	Name & Address of Gaming Business	Type of Application	License/Permit/Certificate/ Registration Authorization Number	Dates Held

<u>A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #</u>	<u>TYPE OF APPLICATION</u>	<u>DATES HELD (MM/YYYY)</u> FROM: TO:	<u>ISSUING AGENCY</u>
<u>CITY, COUNTY, STATE, COUNTRY</u>		<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>	
<u>B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #</u>	<u>TYPE OF APPLICATION</u>	<u>DATES HELD (MM/YYYY)</u> FROM: TO:	<u>ISSUING AGENCY</u>
<u>CITY, COUNTY, STATE, COUNTRY</u>		<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>	
<u>C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #</u>	<u>TYPE OF APPLICATION</u>	<u>DATES HELD (MM/YYYY)</u> FROM: TO:	<u>ISSUING AGENCY</u>

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<u>CITY, COUNTY, STATE, COUNTRY</u>	<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>		
HAS THIS BUSINESS EVER APPLIED TO ANY LICENSING OR REGULATORY AGENCY FOR A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION NOT RELATED TO GAMING, WHETHER OR NOT SUCH A LICENSE, PERMIT, CERTIFICATE, REGISTRATION OR AUTHORIZATION WAS GRANTED?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES TO THE ABOVE, PROVIDE THE FOLLOWING DETAILS (INCLUDE ANY APPLICATIONS THAT WERE WITHDRAWN, DENIED AND/OR PENDING).			
A) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: _____ TO: _____	ISSUING AGENCY
<u>CITY, COUNTY, STATE, COUNTRY</u>	<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>		
B) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: _____ TO: _____	ISSUING AGENCY
<u>CITY, COUNTY, STATE, COUNTRY</u>	<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>		
C) LICENSE/PERMIT/CERTIFICATE/AUTHORIZATION #	TYPE OF APPLICATION	DATES HELD (MM/YYYY) FROM: _____ TO: _____	ISSUING AGENCY
<u>CITY, COUNTY, STATE, COUNTRY</u>	<u>ACTION TAKEN (ISSUED, DENIED, SUSPENDED, PENDING, WITHDRAWN, REVOKED, OTHER)</u>		

2. Has this business ever had any disciplinary, administrative, or regulatory actions taken against the aforementioned application(s) for a license, permit, certificate, registration, or authorization related to gaming (e.g., withdrawal, denial, suspension, revocation, surrender)? ☐ Yes ☐ No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Gaming Establishment	Type of Application	Registration/Permit/License/Certificate Number	Action Taken	Dates Denied or Revoked

3. Has this business ever withdrawn or surrendered an application for registration, permit, badge, license, certificate, finding of suitability, or any other authorization related to gaming in any jurisdiction? ☐ Yes ☐ No

If Yes, provide the following details:

Licensing/Regulatory Agency	Name & Address of Business	Type of Application	Registration/Permit/Badge/License/Certificate Number	Action Taken	Date & Reason(s) for Withdrawal or Surrender

4. LIST ALL STATES AND/OR COUNTRIES WHERE THIS BUSINESS IS INCORPORATED, REGISTERED OR QUALIFIED TO DO BUSINESS; ALSO LIST OR PROVIDE THE CORPORATION, REGISTRATION, OR LICENSE NUMBER AND DATE QUALIFIED TO DO BUSINESS.

STATE	COUNTRY	CORPORATION/REGISTRATION/LICENSE NUMBER	DATE QUALIFIED TO DO BUSINESS

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5- List all individuals (owner, partner, officer, director, shareholder, or member) with an ownership/financial interest in this business.

Name	Title	Investment Amount	Percentage of Interest
TOTAL (MUST EQUAL 100%)			

SECTION 3: LITIGATION HISTORY INFORMATION

HAS THIS BUSINESS BEEN PARTY TO A LAWSUIT OR ARBITRATION WITHIN THE LAST 10 YEARS?			<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PROVIDE DETAILS HERE EXPLAIN EACH INCIDENT.			
A) NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)			
NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)			
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER	
NAME, ADDRESS CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION	
BRIEF EXPLANATION OF ISSUES			
B) NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)			
NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)			
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER	
NAME, ADDRESS CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION	
BRIEF EXPLANATION OF ISSUES			
C) NAME(S) OF PLAINTIFF(S) AND DEFENDANT(S)			
NAME(S) OF CLAIMANT(S) AND RESPONDENT(S)			
DATE FILED (MM/DD/YYYY)	STATE OR FEDERAL COURT	CASE NUMBER	
NAME, ADDRESS CITY/COUNTY/STATE	DATE OF DISPOSITION	DISPOSITION	
BRIEF EXPLANATION OF ISSUES			

6. SECTION 4: REMUNERATIONS

LIST ANY REMUNERATION EXCEEDING \$100,000 \$200,000 PAID ANNUALLY TO PERSONS OTHER THAN THE DIRECTORS AND OFFICERS OF THIS BUSINESS .			
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT

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			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$
NAME OF PAYEE	ADDRESS OF PAYEE	REASON FOR PAYMENT	ANNUAL AMOUNT
			\$

SECTION 4.5: FINANCIAL HISTORY INFORMATION

HAS ANY INTEREST IN THIS BUSINESS BEEN ASSIGNED, PLEDGED OR HYPOTHECATED TO ANY INDIVIDUAL OR ENTITY OR HAS ANY AGREEMENT OR CONTRACT BEEN ENTERED INTO WHEREBY ANY INTEREST IS TO BE ASSIGNED, PLEDGED, OR HYPOTHECATED EITHER IN PART OR IN WHOLE?..... ☐ YES ☐ NO

IF YES, **PROVIDE COMPLETED DETAILS AND DATES** [EXPLAIN BELOW.](#)

HAS THIS BUSINESS FILED **FOR** BANKRUPTCY WITHIN THE LAST 10 YEARS?..... ☐ YES ☐ NO

IF YES, **IDENTIFY THE FEDERAL DISTRICT COURT WHERE THE BANKRUPTCY WAS FILED, CASE NUMBER, AND DATE FILED, AND DESCRIBE THE CIRCUMSTANCES WHICH RESULTED IN THIS ACTION.** [EXPLAIN BELOW.](#) (Please provide copies of the bankruptcy petition and order, which lists all creditors and discharged debts.)

FEDERAL DISTRICT COURT WHERE FILED	DATE FILED (MM/DD/YYYY)	CASE NUMBER	DATE DISCHARGED (MM/DD/YYYY)	DESCRIBE THE CIRCUMSTANCES THAT RESULTED IN THIS ACTION

HAS THIS BUSINESS HAD A MATERIAL REORGANIZATION WITHIN THE LAST THREE YEARS?..... ☐ YES ☐ NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES:

HAVE ANY INDIVIDUALS, BUSINESSES OR GOVERNMENTAL AGENCIES FILED LIENS OR JUDGEMENTS AGAINST THIS BUSINESS **WITHIN THE LAST 10 YEARS?**..... ☐ YES ☐ NO

IF YES, PROVIDE **COMPLETE** DETAILS **AND DATES** [HERE.](#)

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS

[EXPLANATION AND STATUS](#)

<input type="checkbox"/> LIEN <input type="checkbox"/> JUDGEMENT	DATE FILED (MM/DD/YYYY)	NAME OF PERSON/ENTITY THAT FILED THE LIEN OR JUDGEMENT	EXPLANATION/STATUS

[EXPLANATION AND STATUS](#)

HAS THIS BUSINESS HAD ANY ASSETS REPOSSESSED, SEIZED, OR DEBT TURNED OVER TO COLLECTION FOR ANY REASON WITHIN THE LAST **SEVEN 10** YEARS?..... ☐ YES ☐ NO

IF YES, PROVIDE **COMPLETE** DETAILS **AND DATES** [HERE.](#)

ASSETS	REPOSSESSION/SEIZURE/COLLECTION	DATE (MM/DD/YYYY)	REASON

DOES THIS BUSINESS OWN, **OR** CONTROL **OR MANAGE** ANY ASSETS OR LIABILITIES **LOCATED** OUTSIDE THE UNITED STATES?..... ☐ YES ☐ NO

IF YES, PROVIDE **COMPLETE** DETAILS [HERE.](#)

DESCRIPTION OF ASSET/LIABILITY	DATE ACQUIRED (MM/DD/YYYY)	LOCATION

DOES THIS BUSINESS OWN, CONTROL, MANAGE OR HOLD **IN-TRUST** ANY ASSETS OR LIABILITIES FOR ANOTHER INDIVIDUAL OR ENTITY?..... ☐ YES ☐ NO

IF YES, PROVIDE COMPLETE DETAILS [HERE.](#)

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IS THIS BUSINESS, OR ANY INTEREST IN THIS BUSINESS HELD BY A TRUST?..... ☐ YES ☐ NO

IF YES, YOU MUST ALSO COMPLETE AND SUBMIT AN APPLICATION FOR STATE GAMBLING LICENSE (CGCC-030) FOR THE TRUST AND A TRUST SUPPLEMENTAL BACKGROUND INVESTIGATION INFORMATION FORM (DGC-APP. 143). WHEN A GAMBLING ESTABLISHMENT IS HELD BY A TRUST, ANY CURRENT TRUSTOR(S), TRUSTEE(S), AND BENEFICIARIES (WHO ARE NOT CONTINGENT ON A FUTURE EVENT) MUST ALSO APPLY FOR A STATE GAMBLING LICENSE.

IS THIS BUSINESS NEGOTIATING OR PLANNING ANY ACQUISITION(S), MERGE(S), OR SALE OF THIS BUSINESS, A SUBSIDIARY, OR AN AFFILIATE IN THE NEAR FUTURE? DOES THIS BUSINESS HAVE ANY PLANS TO SELL, MERGE, OR ACQUIRE NEW BUSINESSES IN THE NEXT 24 MONTHS?..... ☐ YES ☐ NO

IF YES, PROVIDE COMPLETE DETAILS AND DATES:

9. Has this business' income tax return(s) been audited or adjusted within the last 10 years? ☐ Yes ☐ No

If Yes, provide complete details: _____

10. Business' last Federal income tax return was filed on _____, for tax year _____ at _____.

11. Business' last State income tax return was filed on _____, for tax year _____ at _____.

THE ASSET AND LIABILITY FIGURES SHOWN BELOW ARE AS _____, 20____.
OF _____

42. SECTION 6: STATEMENT OF ASSETS -- AS OF: _____ 20____

From the following Statement of Assets, list the total value of all assets, both tangible and intangible. All assets must be listed and described fully on the corresponding schedule. If applicable, the business' investment(s) should be reflected on Schedule "D." LIST THE VALUE OF ALL ASSETS, BOTH TANGIBLE AND INTANGIBLE. ALL ASSETS MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES

ASSETS	*PURCHASE PRICE	CURRENT MARKET VALUE
CASH (TOTAL FROM SCHEDULE A)		\$
STOCKS AND BONDS (TOTAL FROM SCHEDULE <u>C B</u>)		\$
ACCOUNTS AND NOTES RECEIVABLE (TOTAL FROM SCHEDULE <u>B C</u>)		\$
BUSINESS INVESTMENTS* (TOTAL FROM SCHEDULE D)	\$	\$
<u>CAPITAL IMPROVEMENTS</u>		\$
REAL ESTATE* (TOTAL FROM SCHEDULE E)	\$	\$
OTHER ASSETS (TOTAL FROM SCHEDULE F)		\$
TOTAL ASSETS		\$

43. SECTION 7: STATEMENT OF LIABILITIES -- AS OF: _____ 20____

From the following Statement of Liabilities, list the total of all liabilities. All liabilities must be listed and described fully on the corresponding schedule. If applicable, any debt incurred to finance the business investment(s) should be reflected on one of the schedules listed below. LIST THE VALUE OF ALL YOUR LIABILITIES. ALL LIABILITIES MUST BE FULLY DESCRIBED ON THE CORRESPONDING SCHEDULES. IF APPLICABLE, ANY DEBT INCURRED TO FINANCE THE TOTAL INVESTED IN THE GAMBLING ESTABLISHMENT SHOULD BE REFLECTED ON ONE OF THE SCHEDULES LISTED BELOW.

LIABILITIES	*INITIAL AMOUNT	PRESENT BALANCE
ACCOUNTS PAYABLE (TOTAL FROM SCHEDULE G)		\$
TAXES PAYABLE (TOTAL FROM SCHEDULE H)		\$
NOTES PAYABLE* (TOTAL FROM SCHEDULE I)	\$	\$
MORTGAGE PAYABLE* (TOTAL FROM SCHEDULE J)	\$	\$
CONTINGENT AND OTHER LIABILITIES (TOTAL FROM SCHEDULE K)		\$
TOTAL LIABILITIES		\$

14. ~~OWNER'S EQUITY (ASSETS MINUS LIABILITIES)~~ \$ _____

NOTE: ADDITIONAL FINANCIAL INFORMATION MAY BE REQUIRED BY THE DIVISION OF GAMBLING CONTROL.

SECTION 8: SUPPORTING DOCUMENTATION CHECKLIST

The following items must be submitted in conjunction with an Application for a State Gambling License (CGCC-030) and this Owner Entity Supplemental Background Investigation Information form (DGC-APP 015B). Originals are required unless otherwise stated. Only documents that are dated and signed by all parties will be accepted. Failure to provide complete documents may result in denial of a license/denial of suitability. Pursuant to Business and Professions Code section 19868(a), an official filing date will not be established until all required forms, documentation and fees have been received by the State.

- ☐ Background Investigation Deposit required in CCR, Title 11, Division 3, Chapter 1, Article 4, Section 2037
- ☐ Gambling Establishment Supplemental Information form (DGC-APP 015C) for the gambling establishment. Individual owners/shareholders/members/etc. also need to each submit an Owner Applicant - Individual Supplemental Information (DGC-APP 015A).
- ☐ Application for State Gambling License (CGCC-030) and a Trust Supplemental Background Investigation Information form (DGC-APP. 143) if this business is held by a trust.
- ☐ Declaration of Full Disclosure (DGC-APP. 005 [Rev. 05/05])
- ☐ Authorization to Release Information (DGC-APP. 006 [Rev. 05/05])
- ☐ Appointment of Designated Agent (DGC-APP. 008 (Rev. 05/05)
- ☐ Current Articles of Incorporation if this entity is a corporation or limited liability company
- ☐ Partnership Agreement, if applicable – copy
- ☐ Current Organizational Chart for this Owner Entity - Show Names, Job Titles and Lines of Accountability
- ☐ All Current Lease/Rental Agreements between the owner entity and the gambling establishment - copies
- ☐ Management Company/Consultant Agreement, if applicable - copy
- ☐ Local Gambling Establishment License or Permit – copy
- ☐ Loan Documentation for the loan obtained to purchase the gambling establishment - copies
- ☐ Tax Returns - Signed and dated copies of business state and federal for the past three years, including all schedules and attachments.
- ☐ Request for Copy of Corporation, Exempt Organization, Partnership, or Limited Liability Company Tax Return (FTB 3516C1 [Rev. 06-03], side 2).
- ☐ Internal Revenue Service Request for Transcript of Tax Return (4506-T [Rev. 4/2006])
- ☐ Current Balance Sheet and Income Statement
- ☐ Bank Statements – Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Investment Account Statements - Copies of all monthly statements for all business accounts corresponding to the same period of time reflected in the balance sheet and income statement.
- ☐ Bankruptcy court records, if applicable - copy

Pursuant to Business and Professions Code section 19867, an applicant is responsible for all costs incurred by the Division while conducting a background investigation for gambling license suitability. At the conclusion of the investigation, the applicant will receive an itemized accounting of all such costs. Monies received in excess of the actual costs incurred will be refunded.

A license will not be issued until all outstanding background investigation and issuance fees are received.

SECTION 9: DECLARATION

~~I, _____, declare that I, the authorized representative or designated agent, have read the foregoing Cardroom Applicant Business Supplemental Information and understand its contents. My statements are true and correct and contain a full and true account of the information requested. I execute this declaration with the knowledge that any misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial of an application or revocation of a state license, finding or permit. I have familiarized myself with the contents of the California Gambling Control Act (Business and Professions Code section 19800 et seq.), the Regulations of the California Gambling Control Commission (California Code of Regulations, Title 4), and the Regulations of the Division of Gambling Control (California Code of Regulations, Title 11) as adopted and agree to abide by them.~~

~~I expressly waive, release, and forever discharge the State of California and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors, can, shall, or may have against the State of California and its agents, relating to this Application Package for Licensure.~~

I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct, and complete. I declare under penalty of perjury of the laws of the State of California that I have personally completed this form and know that the contents thereof, and the information contained herein, including all corrections, changes and other alterations, is true, accurate and complete, and that this declaration is executed by me at _____ on _____.

City and State Date

PRINTED FULL NAME / TITLE

SIGNATURE

DATE

Business Name: _____

STATEMENT OF ASSETS

SCHEDULE A - ASSETS

Cash

List all cash ~~the business has~~ and where it is located, e.g. ~~bank accounts~~ financial institutions (foreign and domestic), safe deposit boxes, ~~office safes~~, etc.

LOCATION OF CASH (e.g Name & Address of Bank) <u>Name & Address of Bank or Investment Account</u>	Type of Account	Account No. <u>Number</u>	Date Opened	Names of Persons Who Have Signature Authority on Account	Date of Balance	Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS

SCHEDULE B C- ASSETS

Stocks and Bonds

List all stocks, bonds, mutual funds, ~~commodity accounts, options, warrents, etc~~ or other similar investments held or controlled by the business.

Issuer	Registered Owners	Account Number	Type (Note if stocks, bonds, mutual funds, etc.)	Date of Current Market Value	No. Number of Shares or Units	Current Market Value
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
TOTAL \$ *						\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS

SCHEDULE C B - ASSETS

Accounts and Notes Receivable

List all loans, accounts, and notes receivable ~~held by the business.~~

Name & Address of Debtor	Date Acquired	Maturity Date (notes receivable)	Payment Amount & <u>and</u> Payment Period (e.g. Weekly, Monthly)	Interest Rate-(%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
					\$		\$
						TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

STATEMENT OF ASSETS

SCHEDULE D - ASSETS

Business Investments

List any business investments in which any direct, indirect, ~~vested or contingent~~ or vested interest is held ~~by the business~~, along with the names of all individuals or entities who share a direct, indirect, or ~~vested or contingent~~ or vested interest. This should include, but not be limited to, joint ventures, partnerships, limited liabilities companies, and corporations.

Entity Name	Type of Entity	No. <u>Number</u> of Shares or Units	Name in which held	Percent of Ownership	Individuals or Entities Sharing Interest & Percentage Ownership	Date of Purchase	Purchase Price	Date of Current <u>Market Value</u>	Current Market Value
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
							\$		\$
								TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer Date

STATEMENT OF ASSETS

SCHEDULE E - ASSETS

Real Estate

List any ~~real property in which the business holds any direct, indirect, vested, or contingent interest.~~ direct or indirect interest held in real property by yourself, your spouse, or your dependent children.

Address/Location/Parcel Number <u>Address or Parcel Number & Location</u>	Type (Residential/Commercial)	Percentage of Ownership	Date of Purchase	Income (Rent/Lease) <u>Current</u> <u>Income (Rent/Lease) (indicate</u> <u>per month, year, etc.)</u>	Purchase Price	Date of Current <u>Market Value</u>	Current Market Value
					1 \$		1 \$
					1 \$		1 \$
					1 \$		1 \$
					1 \$		1 \$
					1 \$		1 \$
					1 \$		1 \$
					1 \$		1 \$
						TOTAL 1 \$ *	1 \$

*This total should match the corresponding total reported on page 5.

Signature of Preparer Date

STATEMENT OF ASSETS

SCHEDULE F - ASSETS

Other Assets

List all other assets ~~the business holds~~ (e.g., art collections, coin collections, antiques, automobiles, etc.)

Type of Asset	Description	Date of Purchase	Purchase Price	Date of Current Market Value	Current Market Value
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
			\$		\$
				TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

~~STATEMENT OF LIABILITIES~~

SCHEDULE G - LIABILITIES

Accounts Payable

List all accounts payable ~~for the business~~ (e.g. revolving accounts, credit cards, leases, lines of credit).

Name & and Address of Creditor	Account Number	Collateral	Date Incurred	Payment Amount & Payment Period (e.g. Weekly, Monthly, etc.)	Interest Rate (%)	Date of Unpaid Balance	Unpaid Balance
							\$
							\$
							\$
							\$
							\$
							\$
							\$
						TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

~~STATEMENT OF LIABILITIES~~
SCHEDULE H - LIABILITIES
Taxes Payable

List all unpaid and estimated taxes.

Taxing Authority (e.g., State Franchise Tax Board/Internal Revenue Service/Board of Equalization, etc.)	Related Tax Period	Payment Amount & Payment Period (e.g., Weekly, Monthly, <u>etc.</u>)	Original Amount	Fines, Penalties and Interest	Date of Unpaid Balance	Unpaid Balance
						\$
						\$
						\$
						\$
						\$
						\$
						\$
					TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

~~STATEMENT OF LIABILITIES~~**SCHEDULE I - LIABILITIES****Notes Payable**

List all notes payable.

Name & <u>and</u> Address of Creditor	Date Incurred	<u>Account Number</u>	Collateral	Maturity Date	Payment Amount & Payment Period (e.g., Weekly, Monthly, <u>etc.</u>)	Original Note Amount	Interest Rate (%)	<u>Date of Unpaid Balance</u>	Unpaid Balance
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
						\$			\$
								TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

~~STATEMENT OF LIABILITIES~~

SCHEDULE J - LIABILITIES

Mortgages Payable

List all mortgages or liens on real estate.

Name & <u>and</u> Address of Creditor Account Number	Address & <u>or</u> Parcel Number <u>and Location</u> of Real Estate	Date Incurred	Collateral	Interest Rate (%)	Payment Amount & Payment Period (e.g., Weekly, Monthly, <u>etc.</u>)	Original Loan Amount	Date of Unpaid Balance	Unpaid Balance
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
							TOTAL \$ *	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____

~~STATEMENT OF LIABILITIES~~

SCHEDULE K - LIABILITIES

Contingent and Other Liabilities

List any other indebtedness or ~~contingent~~ liability, e.g., co-signer on a loan, pending litigation, child support, alimony, etc.

Name & <u>and</u> Address of Creditor	Date Incurred	Collateral	Description of Liability & <u>and</u> Account Number	Payment Amount & Payment Period (e.g., Weekly, Monthly, <u>etc.</u>)	Interest Rate (%)	Original Amount	Date of Unpaid Balance	Unpaid Balance
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
						\$		\$
							TOTAL \$ <u>*</u>	\$

*This total should match the corresponding total reported on page 5.

Signature of Preparer _____ Date _____